Please next time enter whole # SSN or empl

STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM STD. 262 (REV. 9/2007)							ns and *Pri n Reverse S			*	Page	1 of	l Pag	
CLAIMANT'S NAME						SSN or EMBLOYEE NUMBER*					DEPARTMENT			
Mark Weatherford RCVD						On The 6318					0010			
POSITION CB/IO					No.		DIVISION OF BUREAU					_,	INDEX NUMBER	
Director 2004 PUG 20 BE E990						•	Ofc of Info Security				}		1030	
RESIDENCE ADDRESS*						· .	HEADQUARTERS ADDRESS						TELEPHONE NUMBER	
n TC						1325 J Street, Suite 1650)			(916) 3:	23-7290
CITY STATE ZIP CO					ODE						STATE ZIP CODE			
					-	Sacramento					CA 95814			ł
(1) NORMAL WORK HOURS						(2) PRIVATE VEHICLE LICENSE NUMBER				MBER	(3) MILEAGE RATE CLAIMED			
M - F 8a - 5p						الانتقالية.				0.550				
(4) MONTHYEAR		(6)	(7)	(7) (8)		• •	(9)	(10) TRANSPORTAT			IION		(11)	(12)
July 2009		LOCATION	''		i	· O.T., L/	_	(A)	(B) (C)		(0)		`	TOTAL
(5)	2005	WHERE EXPENSES WERE INCURRED		BREAK-	İ	N/C, REI	-O. INCIDEN-	COST OF	TYPE CAI	CARFARE,	PRIVAT		BUSINESS	EXPENSES
(DATE	TIME		LODGING	FAST	LUNCH	OR DINNE	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT	EXPENSE	FOR DAY
7/7	1259	Sacramento/Davis							PC	6.00	31,30			23.22
7/8	0600	Sacramento/Sunnyvale					. [PC		243.43	133.89		133.89
7/14	0930	Sacramento							PC	4.00	3.70	2.04		6.04
7/20	1400	Sacramento/Rancho Cordova				: .			PC		28.68	15.77		15.77
7/22	0930	Sacramente						•	PC		23.28	12,80		12.80
7/23	1330	Sacramento							PC		7.26	3.99		3.99
					-				[]			0,00		0.00
	<u> </u>					-			<u> </u>			0.00		0.00
	<u> </u>					,					<u> </u>		ļ,	<u></u>
							}		-			0.00		0.00
					_							0.00		0.00
						<u> </u>			<u> </u>			0.00		0.00
(13)							_		ļ			0.00	<u> </u>	0.00
SUBTOTALS			0.00	0.00	0.00	0.0	00.00	0.00	averates at	10.00	337.65	185.71	0.00	195.71
*COI	COLUMN CODE (ACCITG. USE ONLY)												File F	\$195.71
		CLAIM TOTAL									accelored	WEARING TO STREET		San Description and Santa
•		OF TRIP, REMARKS AND DETAILS (Att	•								IA.	SENCY AC	COUNTING E ONLY	OFFICE
		ting with Professor Matt B					nalysis of v	vulnerabi	lities :	in				
_	-	stems, especially their orig		tion, and	remediat	ion.					PAIDE	BY REVOLVIN	IG FUND CHE	ECK NUMBER
	-	Sunnyvale, 3 separate mee	_			~								
		oftware product review and	-	•	reat brief	ing.						7	27/)
		Systems- Application and s		new,								33/9		
		neeting- Software service r		, , , , ,	00 11		71	(a. l.	7 1.01		ĺ		1 /	
7/14-	State	Telework Group Meeting a	it the Zigg	gurat (\$4,	,00 parki	ng + n	meage) (Con't on	addt'l					
(15)											<u> </u>			
1,00	HEREI used, ar SAM,Se	BY CERTIFY That the above is a true st d if mileage rales exceed the minimum clions 0750-0751-0752-0758 and 0754	atement of the rate, I certify to pertaining to v	e travel exper hat the cost o rehicle safety	nses incurred of operaling the and seat belt	by me in ne vehicle : usage.	accordance wit was equal to o	n DPA rules r greater than	in lhe se the rete	rvice of the State claimed, and that	of Califor I have r	nie. If a prive iet the require	itely owned vi ments as pre	ancle was scribed by

THEREBY CERTIFY That the above is a fine statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. It a privately owned vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0/50, 0/3/tr. 0/352-0/364, and 0/54 pertaining to vehicle safety and seat belt usage.

CLAIM

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

DATE